



State of Connecticut

DDS

Department of Developmental Services

2015-2018

Annual Report of the
Ombudsman

Nursing Home

Oversight

Guardianship

Individual Rights

Case Management

Day
Programs

Quality
Improvement

Respite

Information &

Referrals

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Mandate

As mandated by Public Act NO. 99-271 (Sec. 17a-210a), I hereby

submit my Annual Report of The Independent Office of the

Ombudsman for the Department of Developmental Services.

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Introduction to the Ombudsman



I am Edward R. Mambruno, the Ombudsman for the State of Connecticut Department of Developmental Services (DDS). I am a graduate of the University of Connecticut with a Bachelor of Science degree in Business Administration and a Master of Public Affairs Degree.

During my tenure in state service, I have been instrumental in the development and implementation of bills protecting, empowering and improving the lives of persons with developmental disabilities in the State of Connecticut.

Additionally, I have served and continue to serve on various boards and committees that improve policy for people with disabilities. Some include the President's Committee for People with Intellectual Disabilities, the Commission on Human Rights and Opportunities, the Office of Protection and Advocacy Board for persons with disabilities, the Developmental Disability Council, and the Department of Social Services Disability Council.

I served on the President's Committee for People with Intellectual Disabilities (PCPID) for two full terms. This national appointment is bestowed on only twenty one individuals in the nation. I was nominated by the PCPID Chairman to Chair the PCPID subcommittee on Employment. I served as Chair of the Employment subcommittee for two years and was a member of the subcommittee for dental care during my last term.

In 2002, I was appointed to serve as a Commissioner for the Connecticut Commission on Human Rights and Opportunities (CHRO). CHRO was established to eliminate discrimination through civil and human rights law enforcement and to create equal opportunity and justice for all persons within the state. CHRO is the first and longest serving civil rights agency in the nation.

I am currently serving as Secretary of CHRO and perceive my role on this commission as an opportunity to serve as a watchdog for the human rights of persons with disabilities throughout Connecticut.

I have served as the State of Connecticut Americans with Disabilities Act (ADA) Coordinator and legislative liaison for disability policy for the

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Governor's Office. In this capacity, I lobbied for legislation that would help improve and empower individuals with disabilities.

It was while I was working as the legislative liaison for the Department of Developmental Services (DDS) that I chose to apply for the newly created position of Ombudsperson for the Department of Developmental Services.

Role and Mission of the Ombudsman

My role as the DDS Ombudsman is to safeguard the rights, independence, dignity and equality of people with intellectual disability who receive services from the Department of Developmental Services (DDS).

The Independent Office of the Ombudsman for the Department of Developmental Services (DDS) follows The Ombudsman Association (TOA) code of ethics and core principles. The principles adhere to **neutrality**, **confidentiality**, and **independence**.

The mission of the Ombudsman is to work on behalf of individuals with disabilities and their families to address complaints or problems regarding access to services or equity in treatment. The Independent Office of the Ombudsman, hereinafter referred to as the *Office*, makes recommendations to the DDS Commissioner after determining that systemic changes can and would assist in the resolution of complaints affecting individuals with disabilities under the care or supervision of the department or of any public or private agency with which the department has contracted for the provision of services.

The Independent Office of the Ombudsman

The Independent Office of the Ombudsman was established on June 29, 2001 in accordance with Public Act NO. 99-271 (Sec. 17a-210a).

The Office is located within the Central Office of the State Department of Developmental Services (DDS) in Hartford, Connecticut. The proximity and familiarity with agency leadership allows for direct access to information needed for each individual review. This collaboration achieves improved advocacy for individuals with disabilities and their families. The Office

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maintains a strong policy of confidentiality and individual protection and informs individuals with disabilities and their families of the role the DDS Ombudsman has in resolving concerns and issues with the department.

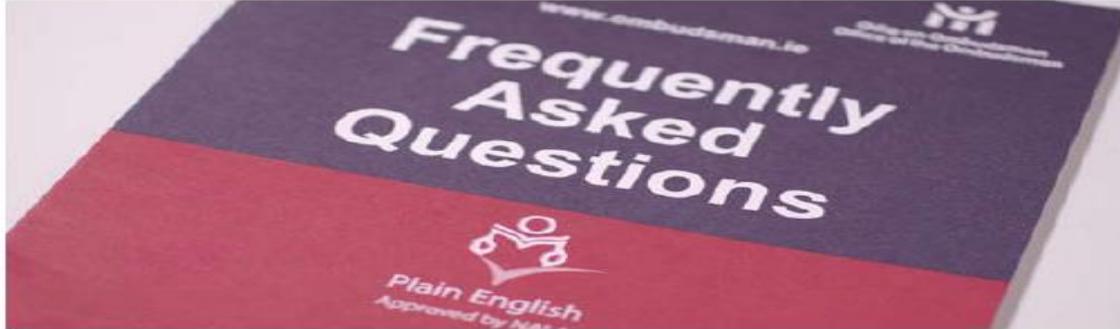
The Department of Developmental Services consists of three regional offices: the North, South, and West. DDS provides nearly 17,000 individuals with supports and services. The Office of the Ombudsman receives referrals through many avenues, including: individuals and their families, DDS Councils, legislative inquiries, DDS staff, DDS newsletters, 2-1-1 info-line, and agency referrals.

Cases are resolved or closed by researching and investigating specific complaints referred to the Office. Most times, this requires collaborating with DDS staff and other state agencies that may be involved. Once the Office has concluded its investigation into a complaint, the findings are then communicated back to the individual who issued the complaint.

The Office is mandated to assist only individuals who are eligible for DDS services and is prohibited from addressing employee or labor grievances.

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Filing a Complaint



What *Services* can I complain about?

- Any services offered, contracted or overseen by the Department of Developmental Services including its regions and providers.

What *Issues* can I complain about?

- Equity in treatment
- Any issues involving individuals receiving supports through DDS

The Ombudsman **CANNOT**

- Address complaints that are part of formal litigation or formal grievance procedures or investigations already underway.
- Give formal legal notice to DDS regarding grievances, complaints or concerns.
- Address concerns from employees of DDS.
- Testify in formal or legal actions.
- Conduct formal investigations.

When should I complain?

Before you make your complaint, you should try to resolve your issue with the parties concerned:

- Talk to the Case Manager if still unresolved
- Talk to the Case Supervisor if still dissatisfied
- Meet with the Regional Director if none of the above resolves the issue
- Contact the Office of the Ombudsman

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Where do I make a complaint?

Contact the Office by:

- Fax: 860-418-8707
- Phone: 860-418-6047 (local) & 866-737-0331 (toll free)
TTY 860- 418-6079.
- E-mail: ed.mambruno@ct.gov
- Website: <http://www.ct.gov/dds/lib/dds/ombudsperson/ombudform.pdf>
- Correspondence: 460 Capitol Avenue, Hartford, CT 06106
- In person: Please call to schedule an appointment

How long will the process take?

- Depending on the complexity of the issue, the Office will try to resolve your complaint in 7-10 business days.

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Complaint Form

A confidential link is provided in both English & Spanish on the Ombudsman's website where an individual can make a complaint. The complaint can be made anonymously however; all information will be generalized to maintain confidentiality. Below is what an individual will see when the link is opened.
<http://www.ct.gov/dds/lib/dds/ombudsperson/ombudformes.pdf>

SAMPLE _____

Complaints/Concerns for the Ombudsperson

All fields are optional except Name and Complaint/Concern. You may enter your full name, or use only your first name or initials, however you feel comfortable. Remember to include at least one contact method so that we may respond to your concern.

Name:

Email:

Telephone 1:

Telephone 2:

Street:

Street 2:

City:

State:

Zip Code:

Complaint/

SUBMIT BY E-MAIL

RESET FORM

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Years in Review

The Office has implemented several policies since its inception in 2001. It has documented each issue by category and used specific trends to set goals and meet objectives. When issues cannot be resolved, especially in situations where individuals or families are not satisfied with the results, a reason was documented.

Since 2001, the Office has documented more than 10,000 issues and concerns. A complaint form is able to be filled out on the Ombudsman's website anonymously. The form is also written in Spanish. The form is secure and confidential. FAQs and popular links are listed on the website.

Specific Projects:

- The Office took on the responsibility of developing and implementing an Americans with Disabilities Act (ADA) video training for individuals DDS serves as well as staff in 2017.

The Office completed this training video and placed ADA Notices in public areas per the Department of Justice (DOJ) requirement. In addition, an ADA Legal Notice was published in the Hartford Courant. Also, DVDs of the ADA video were distributed to private providers. Lastly, the ADA Training Video was linked to YouTube for greater viewership.

- The Ombudsman serves as the agency's ADA Compliance Officer. This additional role includes but is not limited to, answering questions regarding the ADA and accommodations for individuals DDS serves.
- The Office met with community members from the Deaf and Hard of Hearing (DHOH) Board to review issues with the department. We are in the process of bringing DDS technology up to date with current DHOH standards. We are also reviewing recommendations by DHOH regarding inclusion of staff that use sign language to ensure greater integration of individuals receiving supports.
- In December of 2007, the Office implemented additional advocacy for individuals residing in Skilled Nursing Facilities (SNFs). This program of advocacy and oversight has continued to date. The Office

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visited individuals eligible for DDS supports and residing in SNFs and spoke with them regarding any issues they may have with their care and treatment. Additionally, the Office advocated for placement in the community when asked by individuals, families, guardians or case managers.

The Office verified whether residents of SNFs had Case Management Services, availability of Day Programs, and access to Recreational Programs. A variety of advocacy and medical questions were checked using a standardized checklist, developed by the Office with input from OBRA nurses, for all individuals residing in SNFs.

Using the checklist for trend analysis, the Office made several recommendations for systemic change. These recommendations were communicated to the DDS Commissioner, DDS Deputy Commissioner, Central Office Health Director, Central Office Utilization Nurse, DDS Aging Coordinator, the Regional OBRA Nurses, as well as the department's Long Term Care Case Managers.

The Ombudsperson recommended the following to the Department of Developmental Services for implementation:

- Improve communication between hospitals or long-term care facilities and DDS (including DDS case managers) when the death of a DDS individual occurs.
- Seek to provide training courses to SNFs on care of individuals with special needs or behavioral issues.
- Seek to provide education to SNFs on guardianship and advocacy.
- Increase case manager visits to facilities, including an audit of each case.
- Increase case manager communication to families in case of falls or change in condition of the individual.
- Update and maintain current contact information in an individual's chart i.e., emergency phone numbers, guardian information, allergies, doctors, etc.

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- Develop a separate OBRA file and assign a case manager who communicates a follow-up with OBRA.
- Initiate office oversight of DDS individuals residing at SNFs (completed December 2007).
- Develop standardized checklist for visits to SNFs (completed).

Please see Attachment A for a copy of the SNF Review Form and updated information regarding facility visits.

- The Office served as a member of the Vehicle Advisory Committee. The committee reviewed transportation topics that dealt with the health and safety of both individuals and staff. One priority of this committee was to work toward developing plans that will ensure a consistent and comprehensive approach to vehicle usage.
- The Office is working collaboratively with DDS on many quality of life recommendations for individuals supported through the department.
- The Office advocated for several individuals who expressed a desire to live in the community. The Office made several recommendations to move individuals into the community from nursing homes. These individuals moved into community living arrangements (CLAs), community companion homes (CCHs) and in some cases back to their family residences.

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Below is a selection of case summaries illustrative of the work of the Office.

1. Individual who resides in an apartment called to inquire about why brown water was coming from their kitchen faucet. Spoke with case manager who stated that they were aware but thought that this was only a sporadic issue and not an ongoing problem. Called the Town Public Works Water Department. Also called the Department of Public Health to ask whether they should test for contaminants. In addition, spoke with DDS Quality Management Supervisor about issue and whether they had firsthand knowledge of this. While speaking with the Town Public Works Department, I asked whether this was on the list of capital improvements or whether this was an isolated incident due to weather, etc. They told me it was the first time they heard about it from this apartment and that most apartment buildings in this area had the same problem. They recommended letting the water run before using it or boiling it to be on the safe side until this issue was rectified. Spoke with both the individual and their roommate about issue and they informed me that they took precautions and only drank bottled water. I kept in touch with individual for a couple months before issue was completely resolved.
2. Was contacted by a Hospital administrator who wanted to make sure all discharge plans were in place for an individual DDS supports that was scheduled to be released the next day. Spoke with the Assistant Regional Director who told me that individual would be staying in the hospital until a safe and appropriate placement was determined. Region has been contacted numerous times by the hospital but would not allow the hospital to release individual until an appropriate placement was found.
3. Received a call from a Long Term Care (LTC) case manager regarding an individual residing in a Skilled Nursing Facility (SNF). Case manager was concerned that the individual's quality of life was being affected, due to the SNF ignoring her form of communication (alphabet board) and hence restricting her dietary choices. Spoke with OBRA nurse regarding individual's dietary restrictions. The Office collaborated with DDS case manager and made recommendations to use pictures of foods that individual enjoyed and the dietitian could easily follow to prepare the menu.

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- Office contacted DDS CO utilization nurse to check up on the individual while visiting the SNF. Nurse discovered that the individual's dietary needs had improved and that individual had gained weight. Staff now understands that the communication board must be used at all times and they cannot assume to know what individual wants. Medically, individual does not need feeding tube according to doctors and the DDS OBRA nurse. SNF is working with individual to make meals more enjoyable. In addition, now that individual is healthy she is able to participate in a day program two to three times a week.
4. Executive Director for private provider contacted the Office in regards to an individual's placement in a nursing home for the purpose of improving medication administration. Individual needed skilled nursing care and it was decided that a skilled nursing facility was the best choice for him at the time. After medication was changed and monitored by RN, it was determined that he would be able to return to group home.
 5. Met with an advocate from Protection & Advocacy regarding an individual residing in a SNF. Individual has a progressive illness affecting his speech and is in need of assistive technology to help with communication. It was determined that the individual needed an evaluation due to his lack of fine motor function. After speaking with the case manager and speech therapist at nursing home an alternative communication device was found for the individual. This device is working well and funding sources to purchase it are being researched. In addition, this individual qualifies for Money Follows the Person (MFP) which supports a transfer to a community placement.
 6. Received a call from CLA manager regarding a DDS individual currently residing at a skilled nursing facility, due to a fall. The CLA manager stated that DDS case manager referred her to Office. Ombudsman visited individual the next day with both DDS case manager and house manager. His mother had stated that facility did not address his pain level because individual is non-verbal. Asked the case manager if she could meet with staff along with the mother since she would be best able to gauge when her son is in pain. Met with charge nurse and physical therapists regarding individual's progress and time frame to return to his home. Suggested she speak

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with staff and physical therapists to give them ideas and examples of how to determine pain. Case manager and house manager shared concerns they had with facility. The DDS case manager, house manager and I met with charge nurse and physical therapists to discuss short-term plans.

Physical therapists and individual visited the home to see what accommodations were needed when he was able to return. Individual is now back with accommodations such as roll bar in bathroom.

7. Recommendations were made to DDS concerning an individual whose placement in a nursing facility was inappropriate. Both individual and family members had made request for placement in the community. Followed up with regional director who looked into vacancies at CLAs, and other residential options including supports in the family setting. Individual was placed in a CLA and is doing extremely well. Family stated that he was thriving there.
8. Received a call from a case manager (CM) asking for advice on how to resolve an ADA issue for a DDS supported individual with an accommodation for his employment. Case manager wanted to know how to file an ADA grievance to resolve the issue. I inquired about the concerns and told CM to sit down with manager and tell him directly what was needed and how to provide accommodations. If accommodations were provided in the past under a different manager then they needed to revisit what they did. I told CM that it was always best to try to resolve the issue preferably in person before filing a grievance. If the discussions failed then I told the CM that we could look at filing a grievance or a DOJ complaint.
9. Received an email from individual seeking information from the Office, referred by 211, regarding their current eviction. Individual states that they cannot reside in a shelter any longer due to safety concerns. Researched the individual and found that DDS does not support them and contacted DHMAS. Sent inquiry to DHMAS Client Rights Specialist (CRS). CRS responded back to the individual's e-mail address and gave him his information to contact.
10. Received a call from mom/Guardian whose daughter is receiving services in another state. Husband is in the military and supervisor would like a letter from the department stating that if the husband

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were to be transferred to Connecticut, his daughter would receive the same services and supports they are currently receiving. Talked with mom about establishing residency in Connecticut (six months), eligibility, waiting list, placement and how services differ from state to state. Since her daughter is very medically involved, it has taken several years to receive the type of services they are now receiving in their current state. Mom expressed that she was very pleased with her child's supports and how hard it was to advocate for them. Mom thought that because she was receiving services already it would be a seamless transfer to Connecticut. After much discussion with mom, she expressed her desire to keep family and daughter where they were while her husband completed his remaining years of duty.

11. Responded to family member who is Guardian who had questions regarding dental care and medication prescribed. Spoke with Director who has a long history with both Guardians and the individual who is supported by DDS. Contacted DDS Dental Coordinator and asked what the procedures were for sedating and routine cleanings. DDS has a policy in place regarding these procedures and I relayed this information on to this individual.

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Total Concerns for 2015 – 2018

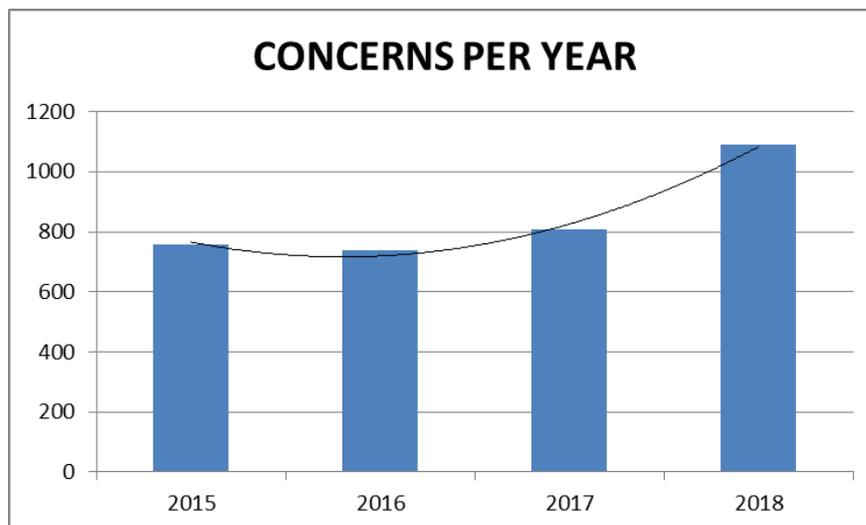
Cases are resolved by researching and investigating the complaint after it has been called into the office. Most times, this requires collaborating with CO staff, DDS regional staff and other state agencies that may be involved with the issue in an ancillary capacity. The Office is mandated to assist only individuals who are eligible for DDS services. Per Statute, it cannot address employee or labor grievances.

After the Office has concluded its investigation into a complaint, its findings are then communicated back to the individual who issued the complaint. The Office maintains a database that logs all concerns and keeps track of all resolutions.

Since the origination of the Office of the Ombudsperson in July 2001, roughly *10,000* thousand cases have been reviewed.

The following chart summarizes the cases addressed from 2015 – 2018:

YEAR	JAN	FEB	MAR	APRIL	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
2015	58	62	52	56	58	53	106	103	60	52	55	44	759
2016	73	67	86	76	61	65	68	35	38	39	59	72	739
2017	49	67	63	67	58	64	63	50	66	76	77	106	806
2018	85	99	84	73	97	102	91	115	97	87	90	70	1090



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Attachment A: Skilled Nursing Facility Review

Skilled Nursing Facility Review Form

The Office collaborated with OBRA coordinators to discuss and implement the standardization of a nursing home review checklist to use when reviewing DDS individuals residing in Skilled Nursing Facilities.

Below is a sample of the checklist used when an individual is visited.

SAMPLE

Nursing Home Review

Date: _____
 Individual Name: _____
 Nursing Home: _____
 DDS Case Manager: _____
 Contact Person: _____

- Is the DDS contact information available in the individual's chart?
- What is the Head Nurse's understanding of the DNR status for the individual?
- Does the DNR status match with DDS information?
- Are PRN meds being used for agitation?
- Are there any recent Incident Reports?
- Is DDS aware of the incidents if any?
- How does the DDS individual feel about this placement? Is it appropriate?
- Has individual-consumed liquids recently; is there a pitcher and cup within reach?
- Does the DDS individual receive visits from their case manager?
- Does the DDS individual have a Preadmission MI/MR Identification Screen in file?
- If unable to walk, how often is individual removed (in/out) from their wheelchair?
- How much time is spent in their wheelchair each day?
- Where does the person spend most of their day?
- Is there a history of pressure sores? Was treatment Hospital or Staff? Current?
- Is the use of Physical Therapy on contract? If not, how is it paid? (Medicare)
- How much time is spent on staff training versus routine training for individual needs?
- Does the individual have a Day Program?
- Is the individual referred to PRAT for Day Program?

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Skilled Nursing Facility Visits

The collaboration between the Ombudsman and the Central Office Utilization Nurse produced the following visits to SNF's. To date, ***all 315*** individuals residing in SNF's were visited. This number changes constantly due to acute care and rehabilitation needed by individuals.

North Region Visits

- Alexandria Manor, Bloomfield
- Andrew House, New Britain
- Bidwell Health Care Center, Manchester
- Blair Manor, Enfield
- Bloomfield Conv. Home
- Brittany Farms, New Britain
- Chelsea Place, Hartford
- Crestfield Rehab. Center, Manchester
- Ellis Manor, Hartford
- Farmington Care Center
- Genesis Soundview Center, West Hartford
- Haven Health Care, Danielson
- Haven Health Care, Rocky Hill
- Haven Health Care, West Hartford
- Haven Health Care, Windham
- Jerome Home, New Britain
- Kimberly Hall Nursing, Windsor
- Mansfield Nursing & Rehab.
- Maple View Manor, Rocky Hill
- Marlborough Health Center
- Matulaitis Nursing, Putnam
- Mclean Home, Simsbury
- Mediplex of Center CT, Plantsville
- Nursing Care Center, Bristol
- Park Place Health Care, Hartford
- Pierce Baptist Memorial, Brooklyn
- Riverside Health Care, E Hartford
- Roncalli Health, Farmington
- Sheriden Woods, Bristol
- Southington Care Center
- Sub-Acute Center, Bristol
- Suffield House, Suffield
- Villa Maria Home, Plainfield
- Walnut Hill, New Britain
- Westside Multi-Care, Manchester
- Wethersfield Health Care
- Windsor Rehab. & Health Care
- Wintonbury Manor, Bloomfield
- Woodlake, Tolland

South Region Visits

- Arden House-Harborside Health, Hamden
- Bayview Health Care Center, Waterford
- Birmingham Health, Derby
- Bride Brook Rehab Center, Niantic
- Brook Hollow, Wallingford
- Camelot Nursing Home, New London
- Cedar Lane Rehab. Health, Waterbury
- Chesterfields Health Care Center, Chester
- Cobalt Lodge, Cobalt
- Colchester Lane Rehab. Health
- Cromwell Health & Rehab.
- Fairview Home, Groton
- Fountainview Care Center, Waterford
- Hewitt Memorial, Shelton
- Hilltop Health Center, Ansonia
- Jewish Home Aged, New Haven
- Kindred Crossing, New London
- Marathon Health, New Haven
- Marathon Health, West Haven
- Marshall Lane, Derby
- Mary Wade Home, Fair Haven
- Masonic Home, Wallingford
- Middlesex Health, Middletown
- Milford Health Center, Milford
- Mystic Manor, Mystic
- Orange Health Care, Orange

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- Gardner Heights, Shelton
- Genesis Meriden Center, Meriden
- Genesis Skyview Center, Wallingford
- Genesis University Center, New Haven
- Gladeview Health, Old Saybrook
- Golden Hill Health Care Center, Middletown
- Groton Regency, Groton
- Harbor Hill Care, Middletown
- Harbor View Manor, West Haven
- Harborside, Madison
- Haven Health Care, Cheshire
- Haven Health Care, Norwich
- Orchard Grove, Uncasville
- Pendleton Mariner, Mystic
- Portland Conv. Home, Portland
- Regency House, Wallingford
- Saybrook Home, Old Saybrook
- Shady Knoll Health, Seymour
- Silver Springs, Meriden
- Twin Maples Home, Durham
- Wadsworth Glenn, Middletown
- West River Health, Milford
- Westfield Manor, Meriden
- Willows Woodbridge, Woodbridge

West Region Visits

- Abbott Terrace, Waterbury
- Astoria Park Health Care, Bridgeport
- Bridgeport Health Care, Bridgeport
- Camillus Health Center, Stamford
- Carlton Conv., Fairfield
- Cedar Lane Rehab. Health, Waterbury
- Coleman Park, Bridgeport
- Conn. Health of Greenwich, Greenwich
- Courtland Gardens, Stamford
- Crescent Manor, Waterbury
- Danbury Health Care, Danbury
- Geer Memorial Health Center, Canaan
- Greenwich Woods, Greenwich
- Grove Manor Nursing Home, Waterbury
- Haven Health Care, Cheshire
- Haven Health Care, Torrington
- Honey Hill Care Center, Norwalk
- Litchfield Woods, Torrington
- Lockwood Lodge at Ashlar, Newtown
- Lutheran Home, Southbury
- Marathon Health, Prospect
- Marathon Health, Torrington
- Marathon Health, Waterbury
- Meridian Manor, Waterbury
- Nathaniel W. Home, Greenwich
- North Milford Nursing
- Northbridge Health, Bridgeport
- Notre Dame Conv. Home, Norwalk
- Pope John Paul Center, Danbury
- River Glen Health, Southbury
- Smith House, Stamford
- Southport Manor, Southport
- St. Joseph's Manor, Trumbull
- Tandet Center, Stamford
- Valerie Manor, Torrington
- Waterbury Conv. Home
- West River Health, Milford
- Wethersfield Health Care
- Wolcott Manor, Wolcott
- Wolcott NH, Torrington

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